

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Majority PAC		FEC IDENTIFICATION NUMBER ▼ C C00484642	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 06 / 03 / 2016	

Full Name of Payee Shorr Johnson Magnus		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 03 / 2016	
Mailing Address 100 N 20th St Ste 201		Amount 5500.00	
City Philadelphia	State PA	Zip Code 19103-1454	Transaction ID : VN7GBA1ADD4
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Rob Portman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		2541291.20	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 03 / 2016	
Mailing Address 3050 K St NW Ste 100		Amount 618363.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA1ADB8
Purpose of Expenditure Media Buy		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Rob Portman		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		2541291.20	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	623863.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Rebecca Lambe

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
06 / 14 / 2016

Signature

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(Schedule E)PAGE 2 OF 2
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		M M / D D / Y Y Y Y Y Y 06 / 03 / 2016	

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 03 / 2016	
Mailing Address 3050 K St NW Ste 100		Amount 169800.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA1ADC6
Purpose of Expenditure Media Buy	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Patrick J. Toomey		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1599114.07	

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 03 / 2016	
Mailing Address 3050 K St NW Ste 100		Amount 169800.00	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GBA1BXF8
Purpose of Expenditure Media Buy	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Kathleen A. McGinty		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		1599114.07	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	339600.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	963463.00

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Rebecca Lambe

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